IS EXCLUSION EFFECTIVE?

By L. L. DOCK
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STANDING, as we do, at the entrance of an era of organization among nurses, how many of us have really gone consecutively through a course of "thinking things out" logically as to what we want to do and how to do it? What principles lie at the foundation of our organizations? What is our goal, and how shall we manage the transition period between? Do we remember too that we shall never get anywhere to stop, but that when we reach what we now think to be our goal we shall see others beyond, with, most likely, other transition periods to pass through?

If we sit down and recall all the history we are acquainted with in regard to our various organizations, I think we will admit that they have all been largely influenced by the spirit of "caste," and that petty distinctions, more or less artificial, have been given an undue importance in their formation.

The caste we clung to was not one of birth or riches, but of what we conceived to be a superior professional education, and our first care, in the beginning of organization, was to associate only those who held certain external evidences of similar training and to leave every one else out. Our first organizations were of a passive nature. They were not active or creative. The "exclusion" plan was contemplated almost with veneration. I well remember that my own convictions, some time ago, were that the only possible way to maintain high standards in nursing education was to bring together the select few and hold them carefully aloof from all the less distinguished, and it seemed, indeed, that any other course would be equivalent to a denial of one's belief and a betrayal of one's principles on professional matters.

The observation and experience of a number of years have entirely modified these convictions. After being grounded in the exclusion principle, and after working for some time with a full belief in its correctness and sureness, I have now rejected it, or, rather, after a long, slow decay it died peacefully in my mind, and I would now willingly hasten its demise in the minds of others.

Now those who excluded were conscientious. We revered the ideal of true nursing education and wished for it to be attained everywhere. We did not exclude from personal ill-will or from spitefulness, but because we honestly thought we were right. It seemed the only way. But now, as impersonally and abstractly as I once held this view, I

now impersonally discard it, not with reproaches or accusations of narrow-mindedness, or criticisms of any kind, but simply on the practical ground that it is ineffective; that it is weak and futile; that it has never actually done what we wanted to accomplish. The cause of the education that we have at heart has in no way ever been advanced by the exclusion method. Those who have practised it the most have gone back or stood still, and our best successes have resulted from modifying our "caste" ideas.

I believe that as we modify them more and more in the future, we shall be more and more active in our progress. We aim at a general standard of good all-round training. Now, how can we best bring it about? If there is a little hospital somewhere that we think is not giving its nurses a good training, and we want to bring it into some general scheme, are we more likely to make the desired impression upon it by saying "Keep away from us," and in the next minute, "We are an example for you to follow," or by entering into helpful and friendly relations with it and by trying to help solve its problem?

The exclusion method belongs to the old static conception of the world and society; it is of the type of thought which held everything to be definite and fixed; when special acts of creation were believed in, and when people were told, "Let everyone be content in that sphere of life in which he has been placed." Is it not time to lay it away with the other outgrown habits, and conscientiously act in accordance with the theory of progressive development, seeking affiliation with all who have kindred enthusiasms and making common purpose the true test of membership in our young and growing associations?

THE DUTIES OF AN OPERATING-ROOM NURSE

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(Concluded)

THE room being ready, the sterile goods are taken in and placed on a side-table. Four large basins are conveniently placed for disinfecting the hands. These basins should contain respectively a solution of corrosive sublimate (1 to 5000), a solution of permanganate of potassium (1 to 20), a saturate solution of oxalic acid (two parts) to hydrogen of peroxide (one part), and sterile water. The rubber gloves may be placed in the sterile water after they have been boiled. The salt-solution is kept at the proper temperature by placing the flasks in hot water.